

CITY OF MUSKEGON

WATER CUSTOMER LEAK ADJUSTMENT APPLICATION FORM

DATE: _____

ACCOUNT NUMBER: _____

NAME: _____

SERVICE ADDRESS: _____

PHONE NUMBER: _____

DESCRIBE THE NATURE OF THE PROBLEM: _____

DATE REPAIRS WERE COMPLETED: _____

CURRENT METER READING AT TIME OF THIS REQUEST:

FROM METER: _____

FROM REMOTE DEVICE: _____

NOTES: ATTACH COPIES OF PAID RECEIPTS FOR SERVICES AND/OR SUPPLIES.

- * NO MORE THAN ONE LEAK ADJUSTMENT WILL BE ALLOWED IN ANY TWO-YEAR (24 MONTH) PERIOD.
- * NO MORE THAN TWO CONSECUTIVE BILLING QUARTERS WILL BE ADJUSTED.
- * THE REQUEST MUST BE MADE WITHIN 30 DAYS OF THE DUE DATE FOR THE QUARTER INITIALLY INVOLVED.

SIGNATURE OF CUSTOMER/REQUESTOR: _____ DATE: _____

RECEIVED BY CITY OF MUSKEGON: _____ DATE: _____